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FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		nstructions)	Office use only
NAME OF COMMITTEE (in	full) (Check if n is changed		12FE4M5
ACPAC ACA	International Political Actio	on Committee	
ADDRESS (number and	4040 W. 70th S	St	
(Check if add is changed)	ress Minneapolis		
		CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA			
andersen@ac	ainternational.org		
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
www.acainte	rnational.org		
COMMITTEE'S FAX 952-915-3922	M / P P / Y Y Y Y		
O.	07 2003		
3. FEC IDENTIFICA	ATION NUMBER	C C00034785	
4. IS THIS STATE!	MENT NEW (N)	OR X AMENDED (A)	
I certify that I have exam	nined this Statement and to the best o	of my knowledge and belief it is true, correc	ct and complete
Type or Print Name of	Treasurer Rozanne N	/I. Andersen	
Signature of Treasure	r Electronically Filed by Roz	zanne M. Andersen	Date 05 / 23 / YYYYY
NOTE: Submission of fa	•	ation may subject the person signing this	Statement to the penalties of 2 U.S.C. S437g. ED WITHIN 10 DAYS
Office Use Only		For further informati Federal Election Com Toll Free 800-424-955	mission FEC FORM 1

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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)	andidate
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		emocratic, publican,etc.) Party. nd or party
6.	Name of Any Connected Organization or Affiliated Committee	
L		
	Mailing Address	
	CITY▲ STATE▲	ZIP CODE A
	Relationship L	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	on
	Membership Organization Trade Association Cooperative	

Write or Type Committee Name

	ACPAC ACA Internatio	nal Political Action Committee													
7.	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.														
	Full Name Ann L	udes													
	Mailing Address	4040 W. 70th St													
		Edina	MN	55435											
	Title or Position ▼	CITY A	STATE	ZIP CODE A											
	Associate	e Director	Telephone number = =												
8.	Treasurer: List the name name and address of any	e and address (phone number optional) of designated agent (e.g., assistant treasure	of the treasurer of the commer).	ittee; and the											
	Full Name of Treasurer														
	Mailing Address														
	Title or Position ♥	CITY A													
			Telephone number												
	Full Name of Designated Agent														
	Mailing Address														
	Title or Position ♥	CITY A	STATE A	ZIP CODE A											
			Telephone number												

	FEC Form	1 (Re	vis	ed	1 02	2/2	200	(3)																										Pa	.ge	4		_
9.	safety deposit box	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, resafety deposit boxes or maintains funds. Name of Bank, Depository, etc.															rer	nts																					
		L			_	L	L												L	L		 		L	L			L					L					⊥	
	Mailing Address						L					L							1						L													L	
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